

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

IN RE:)
) CASE NO. 19-57707-BEM
Tiffany Patrice Simpson,)
)
Debtor.) CHAPTER 7

DEBTOR'S AMENDMENT

COMES NOW Tiffany Patrice Simpson, Debtor, by and through counsel, and hereby amends her schedules as follows:

1.

Debtor did file this Chapter 7 case on May 17, 2019.

2.

Schedule E & F. Debtor does now amend the Schedule E to disclose tax debt.

3.

106 Summary of Assets and Liabilities. Debtor does now amend the schedule to list additional liabilities.

WHEREFORE, Debtor prays that this Amendment be allowed.

Respectfully submitted, on July 29, 2019.

/s/ Brett W. Clark

Brett W. Clark, GBN 126931
Law Office of Brett W. Clark, P.C.
P.O. Box 813641
Smyrna, GA 30081-8641
(404) 981-2950
info@bwclarklaw.com
Attorney for Debtor

Fill in this information to identify your case:

Debtor 1 **Tiffany Patrice Simpson**
 First Name Middle Name Last Name

Debtor 2
 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number **19-57707**
 (if known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.

☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|---|--|---|-------------------|--------------------|
| 2.1 | IRS Priority Creditor's Name Centralized Insolvency Opera PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number 3632 \$1,820.03 When was the debt incurred? 12/31/2007 | \$1,820.03 | \$0.00 |
| As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ Tax Debt | | | | |

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known) **19-57707**

| | | | | | |
|--|--|---|--------------------|--------------------|---------------|
| 2.2 | IRS Priority Creditor's Name Centralized Insolvency Opera PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code | Last 4 digits of account number 3632 | \$10,325.32 | \$10,325.32 | \$0.00 |
| When was the debt incurred? 12/31/2017 | | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Tax Debt | | | |

| | | | | | |
|--|--|---|--------------------|--------------------|---------------|
| 2.3 | IRS Priority Creditor's Name Centralized Insolvency Opera PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code | Last 4 digits of account number 3632 | \$17,288.42 | \$17,288.42 | \$0.00 |
| When was the debt incurred? 07/14/2018 | | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ | | | |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | Tax Debt | | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known) **19-57707**

| | | | |
|-----|--|--|-------------------|
| 4.1 | 800 Loan Mart Nonpriority Creditor's Name 1582 Ventura blvd Ste 250 Encino, CA 91325-0600 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>06</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | \$1,138.00 |
|-----|--|--|-------------------|

| | | | |
|-----|--|--|-------------------|
| 4.2 | AIM Rental Nonpriority Creditor's Name W. Ocean Blvd Long Beach, CA 90802 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>4178</u> When was the debt incurred? <u>May 01,2006</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Judgement</u> | \$1,530.00 |
|-----|--|--|-------------------|

| | | | |
|-----|--|--|-----------------|
| 4.3 | America Collect Nonpriority Creditor's Name PO Box 1566 Manitowoc, WI 54221 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Last 4 digits of account number <u>5126</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | \$229.00 |
|-----|--|--|-----------------|

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known)

19-57707

4.4

Azuma Leasing

Nonpriority Creditor's Name

**2905 San Gabriel St
Ste 218**

Austin, TX 78705

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **435**

\$435.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.5

Capital One

Nonpriority Creditor's Name

PO Box 30281

Salt Lake City, UT 84130

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9096**

\$200.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.6

Department of ED/Nelnet

Nonpriority Creditor's Name

121 South 13th St.

Lincoln, NE 68508

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9835**

\$233,929.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known)

19-57707

4.7

Shabana Motors

Nonpriority Creditor's Name

**9811 Sothwest Frwy
Houston, TX**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **0379**

\$784.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.8

Smile Brands Finance

Nonpriority Creditor's Name

**8105 Irvine Center Dr.
Ste 1500
Irvine, CA**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$814.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

4.9

TXu Energy

Nonpriority Creditor's Name

**1601 Bryan
Dallas, TX**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ **Check if this claim is for a community debt**

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **446**

\$446.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify _____

Debtor 1 **Tiffany Patrice Simpson**Case number (if known) **19-57707**4.1
0**U Point Kennesaw**Last 4 digits of account number **6531****\$799.61**

Nonpriority Creditor's Name

**3079 Hidden Forest Ct.
Marietta, GA 30066**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
- ☐ Debtor 2 only
- ☐ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☐ Check if this claim is for a community debt
- Is the claim subject to offset?

☒ No☐ YesWhen was the debt incurred? **May 3 2019**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed
- Type of NONPRIORITY unsecured claim:
- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify **Eviction**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Georgia Dept of Revenue
1800 Century Blvd, NE,
Ste.: #9100
Atlanta, GA 30045-3202**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
- ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**IRS Insolvency Unit
401 W. Peachtree Street NW
Stop #334-D Room 400
Atlanta, GA 30308**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims
- ☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

3632

Name and Address

**Kounta Kante
Attorney for U Point Kennesaw
4140 Clairmont Rd.
Atlanta, GA 30341**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6531

Name and Address

**Leslie Grossman
Attorney for AIM Rental
7716 Balboa Blvd
Sherman Oaks, CA 91403**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4178

Name and Address

**Los Angeles Cnty Superior Cour
210 W. Temple St.
Ste 9
Los Angeles, CA**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

4178

Name and Address

**Magistrate Court of Cobb Count
32 Waddell St. SE
Marietta, GA 30090**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims
- ☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

6531**Part 4: Add the Amounts for Each Type of Unsecured Claim**

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known) **19-57707**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | |
|--------------------------------|---|-----|----------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ <u>0.00</u> |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ <u>29,433.77</u> |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ <u>0.00</u> |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ <u>0.00</u> |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ <u>29,433.77</u> |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ <u>0.00</u> |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ <u>0.00</u> |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ <u>0.00</u> |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ <u>240,304.61</u> |
| | 6j. Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ <u>240,304.61</u> |

Fill in this information to identify your case:

Debtor 1 **Tiffany Patrice Simpson**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number **19-57707**
(if known)

☒ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

| | Your assets Value of what you own |
|---|---|
| 1. Schedule A/B: Property (Official Form 106A/B) | |
| 1a. Copy line 55, Total real estate, from Schedule A/B..... | \$ 0.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B..... | \$ 25,095.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B..... | \$ 25,095.00 |

Part 2: Summarize Your Liabilities

| | Your liabilities Amount you owe |
|---|---|
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) | |
| 2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ... | \$ 13,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) | |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> | \$ 29,433.77 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> | \$ 240,304.61 |
| Your total liabilities | \$ 282,738.38 |

Part 3: Summarize Your Income and Expenses

| | |
|---|--------------------|
| 4. Schedule I: Your Income (Official Form 106I) | |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | \$ 4,225.60 |
| 5. Schedule J: Your Expenses (Official Form 106J) | |
| Copy your monthly expenses from line 22c of <i>Schedule J</i> | \$ 3,800.00 |

Part 4: Answer These Questions for Administrative and Statistical Records

6. **Are you filing for bankruptcy under Chapters 7, 11, or 13?**
- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes
7. **What kind of debt do you have?**
- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Tiffany Patrice Simpson**

Case number (if known) **19-57707**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **4,225.60**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

| From Part 4 on <i>Schedule E/F</i> , copy the following: | | Total claim |
|--|-----|------------------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 29,433.77 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 29,433.77 |

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

| | | |
|---------------------------------|---|------------------------------|
| IN RE: |) | |
| |) | CASE NO. 19-57707-BEM |
| Tiffany Patrice Simpson, |) | |
| |) | |
| Debtor. |) | CHAPTER 7 |

VERIFICATION

I, Tiffany Patrice Simpson, named as Petitioner in the foregoing Petition, declare, under penalty of perjury, pursuant to Bankruptcy Rule 1008, that the foregoing Amendment is true and correct.

/s/ Tiffany Patrice Simpson

Date: 07/29/19

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

IN RE:)
) **CASE NO. 19-57707-BEM**
Tiffany Patrice Simpson,)
)
Debtor.) **CHAPTER 7**

CERTIFICATE OF SERVICE

I the undersigned certify that I have this date served the following parties with a copy of the within Amendment by placing true copies of same in the United States Mail, or as otherwise indicated below, with adequate postage affixed to insure delivery, addressed as follows:

Via ECF:

Jordan E. Lubin, Chapter 7 Trustee
Lubin Law, P.C.
8325 Dunwoody Place, Building 2
Atlanta, GA 30350

Tiffany Patrice Simpson
7742 Spalding Dr, Apt 114
Norcross, GA 30092

See attached Creditor Mailing Matrix and Supplemental List of Creditors.

In a properly addressed envelope with adequate first class postage affixed to assure delivery and depositing in the United States Mail.

Dated: July 29, 2019.

/s/ Brett W. Clark

Brett W. Clark, GBN 126931
Law Office of Brett W. Clark, P.C.
P.O. Box 813641
Smyrna, GA 30081-8641
(404) 981-2950
info@bwclarklaw.com
Attorney for Debtor

Label Matrix for local noticing
113E-1
Case 19-57707-bem
Northern District of Georgia
Atlanta
Thu Jul 25 11:11:05 EDT 2019

800 Loan Mart
1582 Ventura blvd
Ste 250
Encino, CA 91325-0600

AIM Rental
W. Ocean Blvd
Long Beach, CA 90802

America Collect
PO Box 1566
Manitowoc, WI 54221-1566

Azuma Leasing
2905 San Gabriel St
Ste 218
Austin, TX 78705-3541

Philip Crum Barnes
Fowler, Hein, Cheatwood & Williams P.A.
Suite 220
2970 Clairmont Road
Atlanta, GA 30329-4414

Capital One
PO Box 30281
Salt Lake City, UT 84130-0281

Brett W. Clark
Law Office of Brett W. Clark, P.C.
P. O. Box 813641
Smyrna, GA 30081-8641

Department of ED/Nelnet
121 South 13th St.
Lincoln, NE 68508-1904

Kounta Kante
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Sherman Oaks, CA 91406-2262

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210 W. Temple St.
Ste 9
Los Angeles, CA 90012-3163

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Lubin Law, P.C.
Building 2
8325 Dunwoody Place
Atlanta, GA 30350-3307

Magistrate Court of Cobb Count
32 Waddell St. SE
Marietta, GA 30090-2900

Office of the United States Trustee
362 Richard Russell Building
75 Ted Turner Drive, SW
Atlanta, GA 30303-3315

Philip L. Rubin
Lefkoff, Rubin. Gleason & Russo
Suite 900
5555 Glenridge Connector
Atlanta, GA 30342-4762

Santander Consumer USA
PO box 961245
Ft. Worth, TX 76161-0244

Shabana Motors
9811 Sothwest Frwy
Houston, TX 77074-1336

Tiffany Patrice Simpson
7742 Spalding Dr Apt. 114
Norcross, GA 30092-4207

(c)SMILE BRANDS FINANCE
100 SPECTRUM CENTER DR STE 1500
IRVINE CA 92618-4984

(p)TXU ENERGY RETAIL COMPANY LP
CO BANKRUPTCY DEPARTMENT
PO BOX 650393
DALLAS TX 75265-0393

U Point Kennesaw
3079 Hidden Forest Ct.
Marietta, GA 30066-3117

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

TXu Energy
1601 Bryan
Dallas, TX

Addresses marked (c) above for the following entity/entities were corrected
as required by the USPS Locatable Address Conversion System (LACS).

Smile Brands Finance
8105 Irvine Center Dr.
Ste 1500
Irvine, CA

The following recipients may be/have been bypassed for notice due to an undeliverable (u) or duplicate (d) address.

(u)CDC-Kennesaw, LLC

(u)Santander Consumer USA Inc.

| End of Label Matrix | |
|---------------------|----|
| Mailable recipients | 21 |
| Bypassed recipients | 2 |
| Total | 23 |

SUPPLEMENTAL LIST OF CREDITORS

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Insolvency Unit
401 W. Peachtree Street, N.W.
Stop 334-D
Atlanta, GA 30308